

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90498 045 ***150.00

00056956

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000068243

1. Entity Name

FLORIDA MARS FOOD, INC. ✓

Principal Place of Business

Mailing Address

9793 NW 45th. Street.
 SUNRISE, FL - 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1034435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIZANUL A. KHAN
 202 LAKE POINTE DR #202
 FT. LAUDERDALE, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!!!
After MAY 1, 2001
Fee will be \$550.00
Make Check Payable to Department of State

EE IS \$150.00
Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MIZANUL A. KHAN	<input type="checkbox"/> Delete
NAME	202 LAKE POINTE DR. #202	P
STREET ADDRESS	FT. LAUDERDALE, FL 33309	
CITY - ST - ZIP		
TITLE	KAZI ROBIN	<input type="checkbox"/> Delete
NAME	9793 NW 45th ST.	VP
STREET ADDRESS	SUNRISE, FL - 33351	
CITY - ST - ZIP		
TITLE	MINTU SIDDIQUE	<input type="checkbox"/> Delete
NAME	9793 NW 45th St.	S
STREET ADDRESS	SUNRISE, FL - 33351	
CITY - ST - ZIP		
TITLE	SHAMIMA SIDDIQUE	<input type="checkbox"/> Delete
NAME	9793 NW 45th St	TR,
STREET ADDRESS	SUNRISE, FL - 33351	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the
 indicated on this report or supplemental report is true and accurate and that my
 of the corporation or the receiver or trustee empowered to execute this report as
 changed, or on an attachment with an address, with all other like empowered.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
 gnature shall have the same legal effect as if made under oath; that I am an officer or director
 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: *Mintu Siddique*

MINTU SIDDIQUE

4.30.01

(954) 370-1435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)